| | ATEMENT OF DEFICIENCIES AND AN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | 393303 | | | | | 03/24/2023 | |
| CHOP BUG | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTEI | | STREET ADDRESS 500 WEST BU CHALFONT, | TLER AVE | | | |
| STATE LICENS | E NUMBER: 10581500 | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 0000 | This report is the result of a State licensure survey conducted on March 24, 2023, at CHOP Bucks Specialty Care and Ambulatory Surgery Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999. | | | S 0000 | | | |
| S 033A | \$ 033A | | | | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATU | | | ATURE | | TITLE: | (X6) DATE: | |
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State Form 4AXE11 IF CONTINUATION SHEET Page 1 of 26

| | | (x3) DATE SURVEY COMPLETED: | | EY | | | |
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| S 033A | Continued from page 1 553.3 (1) Governing Body 1 553.3 Governing Body respo (1) Conforming to local laws. This REGULATION is not | nsibilities include: o all applicable Federal, | State, and | S 033A | Immediate corrective action include review of existing m from March 2022-March 202 revise to include documentar all safety events are investig evaluated, with recommendar made to eliminate future serievents. The ASF patient safety office ensure that all safety events investigated, evaluated, with recommendations made to eliminate future serious events and included and all safety events will be reviewed at the quarterly Bu patient safety committee me and documented in the patient safety committee minutes be May 15, 2023. To prevent further occurrence to ensure all elements of the standard are met and documentation of discussion. The Nurse Administrator will monitor the corrective action through audit of the quarterly patient safety minutes month. | ninutes 23 and tion that teated, ations ious eer will are n liminate cidents acks ASF acting ent eginning ces and ented in olate has lance for n. ill n | Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023 |

State Form 4AXE11 IF CONTINUATION SHEET Page 2 of 26

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 393303 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 03/24/2023 | Y |
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| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE SEE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) | | ED BY FULL REGULATORY O | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033A | Continued from page 2 | | | S 033A | ensure completeness for four consecutive periods of 100% compliance. The Nurse Administrator will audit the 15th minutes for completion results of the auditing will be presented to the ASF Steerin Committee on by May 23, 20. The Bucks ASF patient safet and analysis will be reported quarterly to the Governing B. The report will be expanded submitted to the Board to ince type of serious events and ince and recommendations to elim future serious events and ince To prevent further occurrence to ensure all reports are sent Governing Body with the appropriate information, The Administrator created an AS Meeting Documentation Mat document all meeting dates a minute completions to ensure required documents are available time of survey. The plan of correction will be completed May 23, 2023. The Bucks ASF Nurse Administrator Administrator Administrator Captage Samurates are available to the Bucks ASF Nurse Administrator Administrator Captage Samurates are available to the Bucks ASF Nurse Administrator Captage Samurates ASF Nurse Administrator Captage Samurates Samurat | May . The e e g 023. ty data l Body. and clude cidents minate cidents. tes and to the e Nurse F trix to and e lable at | |

State Form 4AXE11 IF CONTINUATION SHEET Page 3 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 393303 | | B. WING: _ | | 03/24/2023 | |
| CHOP BUC AMBULAT | NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | | CITY, STATE, Z TLER AVE PA 18914 | | | |
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| S 033A | Continued from page 3 | | | S 033A | | | |
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| | | | | | is accountable for this Plan o Correction. | f | |
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State Form 4AXE11 IF CONTINUATION SHEET Page 4 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033A | Based on review of fact interview (EMP), it was to conform to applicable CHOP Bucks Specialty Surgery Center was not following State Law: Act 13 of 2002 Medica Reduction of Error (Medical Patient Safety Section A patient safety officer all of the following (all reports of serious expected to the patient safety of the pa | Is determined the factors of a medical facility (2) Ensure the investored and incidents of a patient safety committee regarded pursuant to this | ory on the and or 3. y officer. y shall do eigation of (4) arding any result of section | S 033A | | | |
| | Section 310. Patient sa Responsibilities. A pat medical facility shall d Evaluate investigations | ient safety committe o all of the following | ee of a g (2) | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 5 of 26

| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 393303 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVE COMPLETED: 03/24/2023 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVI | | | |
| STATE LICENS (X4) ID PREFIX TAG | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE |
| S 033A | safety officer on all repevaluate the quality of utilized by the medical recommendations to eland incidents. This is not met as evid. Based on review of facinterview (EMP), it was safety officer and paties review, investigate, everecommendations to eland incidents. Findings include: Review on March 24, "Children's Hospital of Plan, FY2023, 1.The Children's Ambulator County, 3.The Children Ambulatory Surgery County Surg | patient safety measured facility (4) Make liminate future serior denced by: cility documents and as determined the parent safety committee aluate, and make liminate future serior for price of Philadelphia, Patien Children's Hospital of the parent safety committee aluate, and make liminate future serior for price of price of price of price of Philadelphia, Patien Children's Hospital of the price of Philadelphia of Philadel | staff tient failed to us events ument nt Safety f t Bucks delphia | S 033A | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 6 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | ΞY |
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| S 033A | 4. The Children's Hosp Ambulatory Surgery Crevealed "The Children C. Patient Safety Of investigation of reports incidents. 2. Takes action ecessary to ensure parinvestigation. 3. Report Committee regarding a patient safety as a resu Safety Events" 1. Review on March 24 "Bucks County ASF (a Patient Safety Commit 2021[sic], revealed " incidents MAR-APR-N surgery-18 events, Patient Commentation the safety evaluated, with recommentation the safety and the serious events are surgery-18 events. | Senter at King of Prun's Hospital of Philadericer 1.Ensures so of serious events at on as deemed immediate to the Patient Safe actions taken to promite of investigations of the Patient Safe actions taken to promite of investigations of the Patient Safe actions taken to promite of investigations of the Patient Safe actions taken to promite of investigations of the Patient Safe actions at the Patient Safe actions of | delphia's nd diately lt of any ty note of Serious ocument facility) -related day of acidents-2 ostigated, eliminate | S 033A | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 7 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 393303 | | | | IPLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 03/24/2023 | ΞY | |
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| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
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| S 033A | safety officer or the paragraph 2. Review on March 24 "Bucks County ASF (a Patient Safety Commit 2021[sic], revealed " incidents June-July-Au (intravenous)/Vascular (peripheral intravenou Cancellations day of streturned to OR. Further documentation the safety and with recommendation the safety officer or the paragraph 3. Review on March 24 "Bucks County ASF (a Patient Safety Commit 2021[sic], revealed " incidents, Equipment/I leaking). Further reviet the safety events were | a, 2023, of facility do ambulatory surgical face" dated September. Summary of safety-agust- IV r Access-Low grade is infiltrate-2 [events argery-6 events, Incert review revealed not every events were investmendations made to and incidents by the patient safety committed. 2023, of facility do ambulatory surgical face dated December. Summary of safety-Medical Device Issue were revealed no document of the safety-Medical Device Issue were aled no document. | pocument facility) er 26, erelated PIV 6], idents-2 ostigated, eliminate oatient ee. ocument facility) r 19, erelated es-1 (pipe mentation | S 033A | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 8 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| S 033A | Continued from page 8 | | | S 033A | | | | |
| | | | | | | | | |
| | recommendations mad | e to eliminate future | serious | | | | | |
| | events and incidents by | y the patient safety o | officer or | | | | | |
| | the patient safety comr | | | | | | | |
| | | | | | | | | |
| | Interview on March 31 | , 2023, with EMP1 | at | | | | | |
| | approximately 9:30 AM | M confirmed there w | as no | | | | | |
| | documention the patier | nt safety officer inve | stigated, | | | | | |
| | evaluated, and made re | ecommendations to e | eliminate | | | | | |
| | future serious events an | nd incidents and no | | | | | | |
| | documentation the pati | ent safety committe | e | | | | | |
| | investigated, evaluated | , and made recomm | endations | | | | | |
| | to eliminate future seri | ous events and incid | lents. | | | | | |
| | Continues interview co | onfirmed the dates or | n the | | | | | |
| | meeting minutes were | | 2, and | | | | | |
| | information reported w | as accurate. | | | | | | |
| | | | | | | | | |
| | · | | | | | | | |
| | Based on review of fac | cility documents and | staff | | | | | |
| | interview (EMP), it was | - | | | | | | |
| | to conform to applicab | | 101100 | | | | | |
| | ar areas to applicate | | | | | | | |
| | CHOP Bucks Specialty | y Care and Ambulate | ory | | | | | |
| | Surgery Center was no | | - | | | | | |
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State Form 4AXE11 IF CONTINUATION SHEET Page 9 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 393303 | | | <u></u> | 03/24/2023 | | |
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| S 033A | Continued from page 9 | | | S 033A | | | | |
| | following State Law: Act 13 of 2002 Medica Reduction of Error (M Patient Safety Section committee 5) Report and governing body of quarterly basis regarding events and incidents are eliminate future serious. | CARE) Act, Chapte on 310. Patient safety to the administration the medical facility ing the number of send its recommendation. | r 3. y ve officer on a rious ons to | | | | | |
| | Based on review of facility documents and with staff (EMP) it was determined the pat committee failed to report to the governing 3 of 4 quarters. (Q1, Q3, Q4) | | ient safety | | | | | |
| | Review on March 24, 2 "Children's Hospital of Plan, FY2023, 1.The Childelphia, 2.The Childelphia Ambulato County, 3.The Childre | f Philadelphia, Patien Children's Hospital of hildren's Hospital of Dry Surgery Center a | nt Safety f t Bucks | | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 10 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | |
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| S 033A | Ambulatory Surgery C 4. The Children's Hosp Ambulatory Surgery C revealed "The Children Patient Safety Commadministrative officer a hospital on a quarterly serious events and inci recommendations to el and incidents" Review on March 24, 2 governing body meetir safety committee did n serious events and inci for Q1, Q3 and Q4. Interview on March 31 9:36 AM with EMP1, 6 committee reports to th year. | center at King of Prun's Hospital of Philadent's Hospital of Philadenttee 5. Report to and governing body basis regarding the adents and its iminate future serior 2023, of the facility's ag minutes revealed not report the number dents with recomme 4, 2023, at approximate confirmed the patient | ssia." delphia's o the of the number of us events the patient r of endations ately at safety | S 033A | | | |
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State Form 4AXE11 IF CONTINUATION SHEET Page 11 of 26

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | ΞY |
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| | | 393303 | | | | 03/24/2023 | |
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | | |
| STATE LICENSE NUMBER: 10581500 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) | | ED BY FULL REGULATORY OF | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033F | | | | S 033F | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 12 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | | | (X3) DATE SURVI COMPLETED: | X3) DATE SURVEY OMPLETED: | |
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| | | 393303 | | | <u></u> | 03/24/2023 | |
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
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| S 033F | Continued from page 12 553.3 (6) Governing Body I Governing Body responsibi (6) Adopting policies or pro orderly conduct of the ASF. This REGULATION is not | lities include: ocedures necessary for the | ne | S 033F | Tag 033F (Annual Approval IPC Plan & Policies) Other: the facility ensure the namin policies inaccurately does not after the monitoring is comp Projected dates when correct action will be completed are in the future. The immediate correction: T Infection Control Plan was reand approved at the Bucks A Quarterly Infection Control on March 29, 2023. It was a by the committee and is door in the minutes. To prevent further occurrence to ensure annual approval of Infection Control Plan, the N Administrator created an AS Meeting Documentation Ma document all meeting dates a minute completions to ensur required documents are available time of survey. Annually will be a space for the Infect Control Plan Approval to be To monitor performance of the Nurse Administrator with minutes from the March | How will g of the of recur leted? tive too far The eviewed ASF meeting approved tumented tes and The Jurse AF trix to and e lable at y, there ion notated. the plan, ll review | Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023 |

State Form 4AXE11 IF CONTINUATION SHEET Page 13 of 26

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | ΣΥ |
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| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTER | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
| STATE LICENS (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 033F | Continued from page 13 | | | S 033F | meeting to ensure documentathe plan approval is included results of the review will be presented to the ASC Steerin Committee by May 23, 2023. The plan of correction was completed on May 23, 2023. The Bucks ASF Nurse Admi is accountable for this Plan of Correction. 553.3 (6) Governing Body Responsibilities S 033F Governing Body responsibilities S 033F Governing Body responsibilities include: (6) Adopting policie procedures necessary for the conduct of the ASF. Action: The definition of CE Enterprise-wide is now expainclude any separately licens Ambulatory Surgical Facilitic CHOP Enterprise-wide Polic Procedures that apply to the Ambulatory Surgery Facility renamed to display the name facility in the applicable local May 23, 2023. To prevent further occurrence When enterprise policies are | inistrator of ities es or orderly IOP es or es and Bucks will be e of the ation by ess: | |

State Form 4AXE11 IF CONTINUATION SHEET Page 14 of 26

| STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE | | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | ₹Y | |
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| | | 393303 | | B. WING: _ | BLDG:00 WING: 03/24/2023 | | |
| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE E NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
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| S 033F | Continued from page 14 | | | S 033F | presented to the Clinical Car Committee for review and at the committee will ensure appropriate locations are ide including the Ambulatory Su Facility. When a policy is or updated, the Nurse Admir for the Bucks ASF will revie policy to ensure it is appropriate appropriate for the facility. The Nurse Administrator will policies per week for four of 100% compliance to ensure policies contain accurate facture in a complete on May 23, 2023. The Bucks ASF Nurse Admiristration is accountable for this Plan of Correction. | pproval, ntified, argical written nistrator by the riately ll audit r weeks re ility | |
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State Form 4AXE11 IF CONTINUATION SHEET Page 15 of 26

| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 393303 | | (X2) MULTIF A. BLDG:0 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/24/2023 | |
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| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE E NUMBER: 10581500 | · | STREET ADDRESS 500 WEST BU CHALFONT, | JTLER AVE | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE | HOULD BE | (X5) COMPLETE DATE |
| S 033F | Based on review of fact with staff (EMP) it was to follow established previews of the Infection Findings include: Review on March 24, 20 of Philadelphia Ambul Bucks County Infection Plan" effective April 3 plan is reviewed, revisually by Surgery Center) IPC (Incontrol) Committee A request was made on for the current Infection approval date. None proving Interview on March 24, 20 pm with EMP1 control Plan was 10 pm. Based on review of face. | s determined the factoric olicy to perform annual notation. Control Policy. 2023, of "Children's atory Surgery Centern Prevention and Co. 0, 2020, revealed ". ed (if necessary) and the ASC (Ambulator Infection Prevention." In March 24, 2023, to an Prevention and Co. 1, 2023, at approximation of the ASC (Ambulator Infection Prevention and Co. 1, 2023, at approximation of the ASC (Ambulator Infection Prevention and Co. 1, 2023, at approximation of the ASC (Ambulator Infection Prevention Prevention Prevention 2020) | Hospital r at ontrol This l ry and eEMP1 ontrol Plan ately 01: | S 033F | | | |
| | with staff (EMP) it wa | s determined the fac | ility failed | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 16 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 393303 | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/24/2023 | | |
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| CHOP BUG AMBULA | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE | · · | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVI | | | |
| STATE LICENS (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE | HOULD BE | (X5) COMPLETE DATE |
| S 033F | to ensure policies and for the ambulatory sur Bucks Specialty Care and Center. Findings include: Review on March 24, "Bylaws of The Childra amended July 1, 2021, oversee the specific hethe Hospital, including of the ambulatory sur the Hospital in Chalford Review on March 24, "Clinical Documentati Health Records, effect Consent for Care in Per 18, 2023; Informed Consent for Care in Per 18, 2023; Clinical Documentati Health Records, effect Consent for Care in Per 18, 2023; Clinical Documentati Health Records, effect Consent for Care in Per 18, 2023; Clinical Documentati Health Care Records, effect Consent for Care in Per 18, 2023; Clinical Documentati Health Care Records, effect Consent for Care in Per 18, 2023; Clinical Documentati Health Care Records (2022; Consent for Care) | gery center known a and Ambulatory Surgand Ambulatory Surgand Ambulatory Surgand Ambulatory Surgand Ambulatory Surgand Ambulatory Surgand Ambulatory Ambulatory Surgand Surgan | ument ladelphia" ard shall lerated by the facilities rated by cies litient ly; e January ober 27, bruary nes for lary 24, | S 033F | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 17 of 26

| | ENT OF DEFICIENCIES AND CORRECTION (POC) (XI) PROVIDER/SUPPLIDENTIFICATION NUM | | | | IPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | |
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| | | 393303 | | | 00 | 03/24/2023 | |
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVI | | | |
| (X4) ID | | OF DEFICIENCIES (EACH DE | FICIENCY | ID | PROVIDER'S PLAN OF CORREC | CTION (EACH | (X5) |
| PREFIX TAG | | ED BY FULL REGULATORY OF FYING INFORMATION) | R LSC | PREFIX TAG | CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | COMPLETE DATE |
| S 033F | Continued from page 17 | | | S 033F | | | |
| 0.5710 | January 18, 2023," revolvere identified as "Chill Philadelphia CHOP review revealed the poinot specific to the ASF Specialty Care and Am Interview on March 31 confirmed the above populacies for the surgery Bucks Specialty Care at Center. | dren's Hospital of Enterprise-wide" licies and procedure known as CHOP B abulatory Surgery Co , 2023, with EMP1 policies were not iden y center known as CI | Further s were ucks enter. attified as | | | | |
| S 5710 | | | | S 5710 | | | |
| | | | | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 18 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | | | | (X3) DATE SURVEY COMPLETED: | |
|---|--|--|-------------------------|------------------|--|---|---|
| | | 393303 | | | <u></u> | 03/24/2023 | |
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVI | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| S 5710 | Continued from page 18 557.1 CHAPTER 557 - QA 557.1 Policy The ASF, with active prursing staff, shall conduct and improvement program of systematically monitor and evaluate the quality and care, pursue opportunities to patient care and resolve identified the patient care and resolve identified to the patient care and reso | participation of the median ongoing quality assurted to objectively a appropriateness of pation improventified problems. | cal and rance and | S 5710 | Action: The Bucks ASF reports the December Q4 QAPI Commeeting on December 19, 20 minutes from the Q4 2022 Q meeting were confirmed to be place but not available during survey. The Nurse Administration will retropy of the future QAPI minutes and document in the for completion. To prevent future occurrence ASF Meeting Documentation was created to document all dates and minute completion ensure required documents a available at the time of survey Monitor: The Nurse Administration will monitor the ASF Meeting Documentation will monitor the ASF Meeting Documentation will monitor the ASF Meeting Documentation Matrix quartensure it is accurate. The plan of correction will be completed May 23, 2023. The Bucks ASF Nurse Administration of Correction. | nmittee 22. The API e in g the trator red The ain a utes, e matrix e: An n Matrix meeting ss to re ey. strator ag erly to e inistrator | Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023 |
| | | | | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 19 of 26

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 393303 | | | PLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: 03/24/2023 | EY |
|--|---|--|--|---|-------------------|---|----|
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER STATE LICENSE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE . | OULD BE | (X5) COMPLETE DATE | |
| S 5710 | Based on review of fact with staff (EMP), it was improvement committed (Q4 of 2022) Findings include: Review on March 24, 2 "Children's Hospital of Surgery Center Bucks, Assessment/Performan revealed " Data from management and report Improvement Committed Review on March 24, 2 Assessment/Performan revealed no documentate conducted for Q4 of 20 In an interview co | 2023, of facility doc f Philadelphia Ambu Pennsylvania Qualing a QI monitoring is an eted to the Hospital Of the quarterly" 2023, of facility's Quace Improvement mention a meeting was 2022. | ument ilatory ty an 2023," alyzed by Quality eetings | S 5710 | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 20 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 393303 | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/24/2023 | | |
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| CHOP BU AMBULA | OVIDER OR SUPPLIER: CKS SPECIALTY CARE A TORY SURGERY CENTE SE NUMBER: 10581500 | | STREET ADDRESS 500 WEST BU CHALFONT | UTLER AVE | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION) | | | ID PREFIX TAG | The Viberto Ferri of Condection (Erich | | (X5) COMPLETE DATE |
| S 5710 | Assessment/Performar minutes. | nce Improvement me | eeting | S 5710 | | | |
| S 574A | (1) A practitioner (2) A representati (3) A registered n | Improvement Committed Il consist of the following who is not an owner, we of administration, the same personnel, as appropriate the same personnel, as appropriate the same personnel in the same pers | ee ng: | S 574A | Action: The Bucks ASF QA was revised to include the recommittee members per reg 557.4. The Nurse Administr present the revised QAPI Planation Safety Committee or 2023. Approval will be note Patient Safety minutes with documentation of revised planinutes, and document in the for completion. Prevent future occurrence are monitoring: During annual rethe QAPI Plan, the Nurse Administrator will ensure it all required elements of a Quality Improvement Plan which increquired committee member The plan of correction will be completed on May 23, 2023 The Bucks ASF Nurse Administraction. | equired ulation § rator will an to the n May 15, d in the an, he matrix and review of contains uality cludes rs. be inistrator | Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023 |

State Form 4AXE11 IF CONTINUATION SHEET Page 21 of 26

| | | (XI) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER | | | IPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | |
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| | | 393303 | | | 00 | 03/24/2023 | |
| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE SE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVI | | | |
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| S 574A | Based on review of fact with staff (EMP) it was to identify the required Improvement Committed Findings Include: Review on March 24, 2 of Philadelphia Ambul Pennsylvania Quality of Improvement Plan 202 documentation for the committee. Interview on March 24, 1:43 PM with EMP1 committee Improvement Plan did members for the committee. | s determined the factor in the Quality not state the Required state is determined the factor in the Quality in the Research in | ility failed uality Hospital er Bucks, ance f the ately | S 574A | | | |
| S 6310 | | | | S 6310 | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 22 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE | | | | PLE CONSTRUCTION: 00 | (X3) DATE SURVEY COMPLETED: | | |
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| | | 393303 | | B. WING: | | 03/24/2023 | |
| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE SE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
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| S 6310 | Continued from page 22 563.1 CHAPTER 563 - ME 563.1 Principle The ASF shall maintain accurate medical records for every patient to this REGULATION is not | n complete, comprehens ensure adequate patient | sive and | S 6310 | Action: An electronic addended been developed to accompare electronic form: Consent to Diagnostic Procedure and M Treatment and will be imple the Bucks ASF on May 23, 2 The addendum will identify location of surgery as Bucks Ambulatory Surgery Center. The addendum will be signer registration prior to surgery. Nursing and registration staff Bucks ASF will be educated new form by May 23, 2013. To prevent future occurrence Hospital Forms Committee vensure all future forms applie the Ambulatory Surgical Facidentified with the facility mall future forms. The Nurse Administrator will review al forms implemented at the facensure they are accurately nathe facility prior to implemented Monitoring: The Bucks ASF Administrator or Designee will charts weekly to ensure a have appropriate consent and addendum for four consecution. | Operate, dedical mented at 2023. The dupon on the e: The will cable to cility are name on l new cility to named for intation. Nurse will audit ll charts d | Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023 |

State Form 4AXE11 IF CONTINUATION SHEET Page 23 of 26

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 393303 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 03/24/2023 | |
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| CHOP BUC AMBULAT | VIDER OR SUPPLIER: CKS SPECIALTY CARE A FORY SURGERY CENTE SE NUMBER: 10581500 | | STREET ADDRESS, 500 WEST BU CHALFONT, | TLER AVE | | | |
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| S 6310 | Continued from page 23 | | | S 6310 | weeks of 100% compliance. results of the auditing will be presented to the ASC Steerin Committee. The plan of correction will be completed on May 23, 2023 The Bucks ASF Nurse Admi is accountable to this Plan of Correction. | e ng e inistrator | |

State Form 4AXE11 IF CONTINUATION SHEET Page 24 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 393303 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/24/2023 | | | |
|---|---|--|---|---|----------|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 500 WEST BUTLER AVENUE CHALFONT, PA 18914 | | | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEED! | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE | | | |
| S 6310 | Based on review of facility policy and procedereview of medical records (MR) and interviews taff (EMP), it was determined CHOP Bucks Specialty Care and Ambulatory Surgery Cenfailed to ensure medical records were accurate constructed to stand alone and be easily identithe ambulatory surgical facility (ASF) record of 10 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9 at MR10). Findings include: Review on March 24, 2023, of facility policy "Medical Record Requirements Prior to Surge effective March 9, 2021, revealed "A patient is having a procedure at an Ambulatory Surge Center will have a complete medical record to reflects the patient's health status and contain necessary legal and medical information" Review on March 24, 2023, of MR1, MR2, MR4, MR5, MR6, MR7, MR8, MR9 and MR4. | | view with ks enter rate and entified as ord for 10 k2, 0 and cy urgery," ent who rgery d that thins " , MR3, | S 6310 | | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 25 of 26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | | | |
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| | | 393303 | | | | 03/24/2023 | | | |
| NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 500 WEST BUTLER AVENUE CHALFONT, PA 18914 | | | | | | |
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| S 6310 | Continued from page 25 | | S 6310 | | | | | | |
| | , | | r 14, few med cal of ostic nued I consent being f 3 ted I, with forms did nd that 1, MR2, | | | | | | |

State Form 4AXE11 IF CONTINUATION SHEET Page 26 of 26



Certified End Page

CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER

STATE LICENSE NUMBER: 10581500 SURVEY EXIT DATE: 03/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY